

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: IMMANUEL CHILD DEVELOPMENT CENTER	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input checked="" type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 628 SOUTH UNION AVENUE OZARK, AL 36360	Mailing Address: 1587 DEESE ROAD OZARK, AL, 36360-____
Telephone Number: (334) 445-1887	Licensee: IMMANUEL ENTERPRISES LLC
Capacity: 135	Director: ANNIE WOMACK
Age Range: 0 Months to 13 Years 18 Months to 13 Years	Date Prepared: 5/26/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Ongoing Training, Staff Checklist Plan of Action - She no longer work here	5/26/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - No longer employed	5/26/2026
Failed - Photo ID Verification, Staff Checklist Plan of Action - No longer employed	5/26/2026
Failed - References, Staff Checklist Plan of Action - No longer employed	5/26/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - No longer employed	5/26/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - No longer employed	5/26/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - Completed all training	5/26/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - Completed all training	5/26/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - Completed all training	5/26/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - Completed all training	5/26/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - Completed all training	5/26/2026

